

Republic of the Philippines PROVINCE OF ISABEL A

11/3		100	PURCHASE				
Supplier : Gcmed Pharmaceutical Distributor					P.O. No.: 22-08-D0069-A		
Address:	Lot 2 Blk 1	9, Villa Christine Royalle, San Miguel, Pasig City			P.O. No.: 22-08-Dool9-A Date: August 16, 20n		
Gentleme							
200		sh this office	the following articles subject to the terr			01	
Place of Delivery: PGSO Date of Delivery: seven (7) days after receipt of P.O.				Delivery Term: Payment Term:	Charge Check		
Item No.	Unit	Quantity	Description		Unit Cost		nount
Item No.	Unit	Quantity	Description		Cint Cost	All	iount
1 2 3 4 5	syrup susp bot capsule capsule	576 576 576 3000 5000	Paracetamol 250mg/5ml Syrup Amoxicillin 250mg/5ml Suspension Cefalexin 250mg/5ml Syrup, 60ml Mefanamic Acid 250mg Capsule Mefanamic Acid 500mg Capsule	8-16.22	88.38 89.99 54.88 1.49 12.78	! FUI	50,906.88 51,834.24 31,610.88 4,470.00 63,900.00
Total A	mount	1	wo Hundred Two Thousand Seven Hund	red Twenty Two Pesos 0	0/100	Php	202,722.00
percent for	r every day o	f delay shall b	Pharmaceutical Distributor lature over printed Name (Date)	Very truly yours,	RODOLFO T. Al Provincial Gov	LBANO III	

Date: _

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).

Approved per Sanggunian Resolution No.: _

Certified Correct: